COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL020018 US

As a below named inventor, I h	ereby declare that:					
My residence, post office address and citizenship are as stated next to my name.						
believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Scanning display" the specification of which (check only one item below):						
is attached hereto.						
was filed as United States a	pplication					
Serial No -	•					
on						
and was amended						
on .						
X was filed as PCT internation	al application					
Number <u>PCT/IB02/057</u>	<u>, 17 </u>					
on23 December	2002					
and was amended under PCT						
on	· · · · · · · · · · · · · · · · · · ·	· -	(if applicable).			
I hereby state that I have review claims, as amended by any am		nts of the above-identified specificat	ion, including the			
	I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:						
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119			
Europe	02075200.2	17 January 2002	YES			
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Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL020018 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
004	INVENTOR RESIDENCE &	HUIBERTS	Johannes STATE OF FOREIGN COUNTRY	Nicolaas COUNTRY OF CITIZENSHIP
201	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
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	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
******	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	SEMPEL	Adrianus	CONTROL OF OUTLITENIOUS
202	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP The Netherlands
	CITIZENSHIP	Eindhoven	The Netherlands CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
			FIRST GIVEN NAME	SECOND GIVEN NAME
	FULL NAME OF INVENTOR	FAMILY NAME SNIJDER	Pieter NAME	Jacob
000	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
203	CITIZENSHIP	Cilif Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
-	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN TONGEREN	Henricus	Franciscus Johannus Jacobus
204	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
_0 ,	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	LIEDENBAUM	Coen	Theodorus Hubertus
				Fransiscus
205	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
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	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands
:	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	INVENTOR	VAN DE WALLE	Gerjan	Franciscus Arthur
206	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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					Direct Telephon				
	Micha	ael E. Marion, R	No. <u>26.902</u> eg. No. <u>32.266</u> Reg. No. 30,245	"く)	(name and telephone) (914)332-022	phone number)			
	Edwa	ard M. Blocker, F	Reg. No. 30,245		(914)332-022	22			
1	,m	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	I Si	ECOND GIVEN NAME			
1-	$^{\prime\prime}$	INVENTOR	HUIBERTS	Johannes	<u>N</u>	<u>ic</u> olaas			
	201	RESIDENCE &	CITY	STATE OF FOREIGN COU	1711	OUNTRY OF CITIZENSHIP			
		CITIZENSHIP POST OFFICE	Eindhoven POST OFFICE ADDRESS	The Netherlands		he Netherlands TATE & ZIP CODE/COUNTRY			
		ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven		he Netherlands			
~	10	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		ECOND GIVEN NAME			
d	- <i>0</i> q	INVENTOR	SEMPEL	Adrianus_					
	202	RESIDENCE &	CITY	STATE OR FOREIGN COUL The Netherlands	//	OUNTRY OF CITIZENSHIP he Netherlands			
		POST OFFICE	Findhoven POST OFFICE ADDRESS	CITY		TATE & ZIP CODE/COUNTRY			
		ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	_	he Netherlands			
5	MIT	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		ECOND GIVEN NAME			
5	ן טט	INVENTOR	SNIJDER	Pieter STATE OR FOREIGN COU		OUNTRY OF CITIZENSHIP			
	203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands		he Netherlands			
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		POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY 5656 AA Eindhoven	_	TATE & ZIP CODE/COUNTRY he Netherlands			
.]	~~~	FULL NAME OF	Prof. Holstlaan 6 FAMILY NAME	FIRST GIVEN NAME		ECOND GIVEN NAME			
<u>-</u> 9	N)	INVENTOR	VAN TONGEREN	Henricus	E	ranciscus Johannus Jacobus			
-	204	RESIDENCE &	CITY	STATE OR FOREIGN COU	OUNTRY OF CITIZENSHIP				
	ļ	CITIZENSHIP	Eindhoven	The Netherlands CITY	he Netherlands TATE & ZIP CODE/COUNTRY				
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-4	O	INVENTOR	LIEDENBAUM	Coen		<u>heodorus Hubertus</u>			
		-	OUTV	STATE OR EODE ON COLU		ransiscus OUNTRY OF CITIZENSHIP			
	205	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUL The Netherlands		he Netherlands			
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	72)	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME		ECOND GIVEN NAME			
2		INVENTOR	VAN DE WALLE	Gerjan		ranciscus Arthur			
	206	RESIDENCE & CITIZENSHIP	CITY Eindhoven	A 1 / Y		OUNTRY OF CITIZENSHIP he Netherlands			
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ĺ	ADDRESS Prof. Holstlaan 6 5656 AA Eindhoven				Т!	he Netherlands			
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(1	hii daalaa that all	statements made herein of my o	we knowledge are true and	that all stateme	nts made on information and			
- 1	helief	are believed to be	e true: and further that these state	ements were made with the	knowledge that	willful false statements and the			
	like so	made are punish	nable by fine or imprisonment, or	both, under section 1001 if ⁻	Title 18 of the U	nited states Code, and that such			
	willful	false statements	may jeopardize the validity of the	application or any patent is	suing thereon.				
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SIGNATURE OF INVENTOR 203

SIGNATURE OF INVENTOR 206

11 August 2003

SIGNATURE OF INVENTOR 202

DATE 11 August 2003

DATE

SIGNATURE OF INVENTOR 205

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 204

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Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number (includes Reference to PCT International Applications) PHNL020018 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222 FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF FAMILY NAME INVENTOR HUIBERTS Johannes Nicolaas** COUNTRY OF CITIZENSHIP 201 **RESIDENCE &** CITY STATE OF FOREIGN COUNTRY The Netherlands The Netherlands CITIZENSHIP Eindhoven POST OFFICE POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY 5656 AA Eindhoven The Netherlands **ADDRESS** Prof. Holstlaan 6 SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF FAMILY NAME INVENTOR** SEMPEL **Adrianus** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 202 **RESIDENCE &** CITY Eindhoven The Netherlands The Netherlands CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS The Netherlands **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven FIRST GIVEN NAME SECOND GIVEN NAME **FULL NAME OF FAMILY NAME** INVENTOR **SNIJDER** Pieter Jacob STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 203 **RESIDENCE &** CITY CITIZENSHIP The Netherlands The Netherlands Eindhoven STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS 5656 AA Eindhoven The Netherlands **ADDRESS** Prof. Holstlaan 6 FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF **FAMILY NAME INVENTOR VAN TONGEREN** Henricus Franciscus Johannus Jacobus STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 204 **RESIDENCE &** CITY CITIZENSHIP Eindhoven The Netherlands The Netherlands STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY **ADDRESS** 5656 AA Eindhoven The Netherlands Prof. Holstlaan 6 SECOND GIVEN NAME FULL NAME OF **FAMILY NAME** FIRST GIVEN NAME **Theodorus Hubertus LIEDENBAUM** INVENTOR Coen Fransiscus COUNTRY OF CITIZENSHIP 205 **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY The Netherlands The Netherlands CITIZENSHIP Eindhoven POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE The Netherlands 5656 AA Eindhoven **ADDRESS** Prof. Holstlaan 6 SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME OF FAMILY NAME INVENTOR VAN DE WALLE** Franciscus Arthur

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

The Netherlands

5656 AA Eindhoven

STATE OR FOREIGN COUNTRY

Gerjan

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ADDRESS

CITY

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COUNTRY OF CITIZENSHIP

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	INVENTOR	SNIJDER	Pieter	Jacob
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DATE	DATE 18 August 2003	DATE 18 August 2003

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PTO/SB/80 (12-03)

Approved for use through 11/30/2005. OMB 0851-0035

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby	appoint:					
X Pra	ctitioners associated with the Customer Number:		24737			
OR		<u> </u>				
Pra	ctitioner(s) named below (if more than ten patent pr	ractitioners	are to be named,	then a custom	er number must be used):	
	Name		· · · · · · · · · · · · · · · · · · ·	Registratio	n Number	
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as attorney	(s) or agent(s) to represent the undersigned before patent applications assigned only to the undersigned this form in accordance with 27 CER 2.70%.	the Unite	d States Patent and	d Trademark C	Office (USPTO) in connection with	
attached to	this form in accordance with 37 CFR 3.73(b).	eu accord	ing to the USP1O a	assignment rec	cords or assignment documents	
Assignee	Name and Address:					
Kon	inklijke Philips Electronics	N.V.				
Gro	enewoudseweg 1					
562.	1 BA Eindhoven, The Netherlar	nds				
A copy o	f this form, together with a statement i	under 3	7 CEP 3 73(b)	Form PTO	ISB/06 or newlysiant) is	
requirea	to be filed in each application in which	i this fo	rm is used. Ti	ha stateme	nt under 37 CEP 3 73/h)	
may be completed by one of the practitioners appointed in this form if the appointed practitioner is						
authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney isto be filed.						
SIGNATURE of Assignee of Record						
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Name	Matthieu van Kaan					
Signature	1/hum			Date	Amilla End	
Title	Authorized Representative			Telephone	/+ <i>[wi[Lg , 2004</i> (914) 333-9600	
This collection	of information is required by 37 (\$54, 1.31 and 1.33. The	Information	la conviced to obtain	a antala a base e		

USPTO to process) an application. Confidentiality is governed by 37 (EPR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete wis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents. P.O. Box 1450, Alexandria, VA 23313-1450. ADDRESS. SEND To: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.